

Table of Contents

1100 - THE AGING INFORMATION MANAGEMENT SYSTEM (AIMS)

1100 – THE AGING INFORMATION MANAGEMENT SYSTEM (AIMS).....	1100-2
1110 – CLIENT REGISTRATION	1100-4
1120 – SERVICE AUTHORIZATION	1100-6

1100 - THE AGING INFORMATION MANAGEMENT SYSTEM (AIMS)

POLICY STATEMENT	CCSP uses a computerized management information system (AIMS) to manage program data.
POLICY BASICS	<p>The 1982 Community Care and Services for the Elderly Act requires comprehensive planning, reporting, and coordination of aging services. To perform these functions, the Division of Aging Services operates the Aging Management Information System (AIMS).</p> <p>AIMS:</p> <ol style="list-style-type: none">1. Manages demographic and service authorization information for all Aging services clients including CCSP clients.2. Generates reports on care coordination activities at the planning and service area (PSA) level. A complete list of the names and functions of reports generated by AIMS is located at www.aims.dhr.state.ga.us.3. Matches statewide service authorization information to DMA payment information to ensure proper reimbursement to providers. <p>Each AAA has a server and personal computer with modem and printer dedicated to AIMS</p>
PROCEDURES	<p>The Division of Aging Services and Information Technology unit provides training for data entry staff, care coordinators and other CCSP staff on AIMS.</p> <p>The AAA enters and maintains data on AIMS for clients at the PSA level. The AAA may delegate this responsibility to the care coordination agency.</p> <ol style="list-style-type: none">1. The AAA develops care coordination data entry procedures.2. In addition, the AAA develops local, PSA-unique procedures for maintaining AIMS.

PROCEDURES (contd.)	Care coordinators must check printouts and listings to verify and assure the accuracy of the data entered.
REFERENCES	Appendix 100, Forms and Instructions: Client Registration Report for AIMS; Section 960, SAF Changes

1110 - CLIENT REGISTRATION

POLICY STATEMENT	All CCSP clients who receive care coordination services must be registered in the Aging Information Management System (AIMS).
POLICY BASICS	<p>The care coordinator or data entry staff uses the Basic Client Intake, Eligibility, and Client Assessment Screens to register each CCSP client in the AIMS. The Basic Intake Screen function establishes a Master Client Record, adds a record for each new client and updates information for existing clients. There is only one Master Client Record in AIMS for clients regardless of the service(s) they are receiving. Clients are registered in AIMS after being admitted to CCSP.</p> <p>The following are minimum data required to register a client in AIMS:</p> <ul style="list-style-type: none">• First and last name• Residential address• Mailing address• Social Security number (SSN), if available.• Medicaid number, if available• County• Phone number• Client's gender• Client's race• Client's date of birth• Care coordinator's name• LOC date• NSI Checklist score• Medicaid Eligibility type.

PROCEDURES	<p>After a PMAO client receives a Medicaid number, update the client's Medicaid number and Eligibility Type in AIMS. The client's Medicaid number must be entered prior to service authorization data. Enter the client's name exactly as it appears on the Medicaid card even if the spelling is incorrect.</p> <p>Use the Client Registration Report for AIMS to determine the required data elements for registering a client in AIMS.</p> <p>AAAs and care coordinators use the procedures in Chart 1110.1 below for clients unable to provide their social security numbers:</p>
Chart 1110.1 - Registering Clients Without Social Security Numbers	
IF	THEN
Client has no SSN when beginning care coordination	Client applies for SSN with the Social Security Administration (SSA) before receiving CCSP services reimbursed by Medicaid. Care coordinator verifies that client has applied for a SSN.
PROCEDURES (contd.)	<p>Use these procedures to register a new CCSP client in the AIMS:</p> <ol style="list-style-type: none"> 3. Print the Client Registration Report for AIMS from in CHAT. <ul style="list-style-type: none"> • Review LOC, MDS-HC and CCP. Most of the information needed to register client appears on these forms. • Complete mandatory fields that CHAT does not complete automatically. • Request the AIMS data entry person to enter the information into AIMS and initial the report to indicate that the information has been entered. 4. File the initialed Client Registration Report for AIMS in the client record. <p>When client information changes, update CHAT and use the Client Registration Report for AIMS to update AIMS.</p>
REFERENCES	Chapter 700, Care Management

1120 - SERVICE AUTHORIZATION

POLICY STATEMENT	Service authorization for CCSP services is accomplished through an electronically generated Service Authorization Form (SAF) in the Aging Information Management System (AIMS).
POLICY BASICS	<p>The SAF for a specific month may be revised as often as necessary. The computer assigns a version number to the SAF each time service authorization data is entered or changed for a specific month. The version number begins with the number (1). The computer increases the number by one each time data for that month is updated on the SAF. The version number is printed on the SAF.</p> <p>SAF data is entered at the PSA level. DHR uses the information to authorize the payments DMA makes to CCSP providers. The Division provides this authorization data to DMA on a weekly basis (on Thursdays) to ensure that DMA payments to CCSP providers are within authorized amounts.</p> <p>Care coordinators may generate SAFs up to three months in advance, or on a monthly basis.</p> <p>SAFs are printed one at a time and need to be copied. Revised SAFs are generated by the computer also.</p>
PROCEDURES	<p>To authorize services for a SSI Medicaid client, send the initial SAF within three business days of receipt of the initial CCNF from the provider(s).</p> <p>For a MAO client, generate the initial SAF within three business days after receiving the Community Care Communicator (CCC), Form 5590.</p> <p>Use the following procedures to generate an initial SAF:</p> <ol style="list-style-type: none">1. Complete the Initial Service Authorization Data Entry Form to enter initial service data for a client. Enter all Medicaid reimbursable services authorized on the form and submit for data entry into AIMS.2. Request the data entry operator to return SAFs generated from AIMS.

PROCEDURES (contd.)

3. Check each printed SAF for accuracy. Return incorrect SAFs to data entry for correction.
4. Sign the SAF if it is correct.
5. Distribute the copies as follows:
 - File the original SAF in client file.

NOTE: AIMS only prints the most recent version of the SAF.

 - Forward a copy of the SAF to each provider listed on the SAF regardless of whether the provider has units.

Use the following procedures to generate changes to SAFs:

1. Revise the SAF to update services authorized for a client. Changes which require a new SAF include the following:
 - Adjustments in monthly units of service
 - Increases or decreases in client cost share
 - Re-assignment of client cost share
 - Deletion or addition of a service.
2. Enter hand written new data on a copy of the most recent computer-generated SAF for the service month that needs to be revised.
3. Send the copy with the hand written changes to the data entry operator to generate the new SAF in AIMS. The data entry person does the following:
 - Enters the revised data
 - Initials the source document
 - Checks the computer printouts against the source document
 - If the computer-generated SAF is correct , sends it and the source document to the care coordinator.
4. Check the revised SAF for accuracy. Return an incorrect SAF to data entry staff for correction.

PROCEDURES (contd.)	5. Sign correct SAFs. 6. Distribute copies.
REFERENCES	Chapter 700, Care Management; Chapter 900, Ongoing Activities; Appendix 100, Forms and Instructions